I certify that during the above period the individual named was on duty all regular work days, except for periods of annual and sick leave, as ted below. (Indicate "None" if no leave was taken):  Date :Hours Annual Leave:Hours Sick Leave: Initials:  Quarters (Check One)  Occupied Government-owned quarters Occupied temporary lodgings Occupied permanent quarters and Form 33-22 has been furnished to Headquarters or is attached hereto.  During the above period the individual named remained at his post on all rk days, except for the following periods of temporary duty travel. During labsences from his post, the individual continued to maintain and pay for arters at his post, except as otherwise indicated:	To certify that during the above period the individual named was on duty all regular work days, except for periods of annual and sick leave, as ted below. (Indicate "None" if no leave was taken):  Date			. 4			
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The foregoing statements are complete and true to the best of my knowledge and belief and are made for the purpose of substantiating or causing payments to the individual of salary, allowances, leave, post differential, night differential, holiday and overtime pay.

Signed:	-					_
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APPROVED FOR RELEASE DATE: 28-May-2010